Copy   OF2   Copy   OF2   Copy   OF2	Voucher prepared at   (Give place and date)   Control of Copy	Voucher prepared at  (Give place and date)  The UNITED STATES, Dr.,  Payee's Account No.  (Payee)  (Address)  (Gity)  (Copy / OF2  (Payee)  (Address)  (Copy / OF2  (Payee)  (Address)  (Copy / OF2  (Copy / Opa		U. S. COST REIMBURSABLE						PAID BY		
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Cost	Cost	Contact No.		THE UNITED STATES, Ur., Payee's Account No.							PP 360	60-59
No. and Date of Date of Delivery or Service   Centre description, item number of contract or Federal supply of Service   Discount Terms   QUANTITY   UNIT PRICE   AND Cost   Per   Doll	PAYMENT:   Complete   Partial   Use continuation sheet(s) if necessary   Partial   Final   Use continuation sheet(s) if necessary   Shipped from to Weight Government B/L No.   Total   S4,23   Toetify that the above bill is correct and just and that payment has not been received.   Contract No.   Per   Title   Contract or Reg. No.   Date   Invoice Rec d.	PAYMENT:   Complete   Partial		To		······				-	COPY /	OF2
No. and Date of Order of Order of Service    Date of Delivery or Service   Center description, items number of contract or Federal supply checkule, and other information deemed necessary)   Discount Torms   Cost   Per   Doll	No. and Date of Order    Date of Delivery Or Service   Center description, item number of contract or Federal supply schedule, and other information deemed necessary)   QUANTITY   UNIT PRICE   AMO	No. and Date of Date of Delivery or Services    Canter description, item number of contract or Federal supply schedule, and other information desmed necessary   QUANTITY   Cost   Per   Dolla		•		(17)	ayce)			A		
No. and Date of Order    Date of Delivery or Service	No. and Date of Date of Delivery or Service    Cost   Cost	No. and Date of Delivery or Service    Content description, item number of contract or Federal supply   QUANTITY   Cost   Per   Dolla			(Add		<del></del>	(State)	T 1	<u>-</u>		1
PAYMENT:  Complete    Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Date	PAYMENT:  Complete   Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total \$4,23  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Date 5-21-59 *Payer    Gign original only   Amount verified; correct for Per   Fitle   (Signature or initials)    Contract No. Date   Invoice Rec'd.   Pursuant to authority vested in me, I certify that this account is correct and proper for payment.    Approved for \$	PAYMENT:    Complete		No. and Date of Order		(Enter description, it schedule, and o	em number of contract or Fe	ederal supply cossary)	QUANTITY		1	
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